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APPLICANTS

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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

GERMANY 10 2004 007 462.3 02/13/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and /KIMBERLY BALLARD/ Examiner's Signature	<input type="checkbox"/> Met after Allowance		Initials	GERMANY	7	35	5
Acknowledged							

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TITLE

Antibody for Diagnosing Neuropsychiatric Diseases, in Particular Schizophrenia, Depression and Bipolar Affective Disorders

FILING FEE RECEIVED 1025	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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